Work	stream	Actions	Timescale	Lead
Resilience	B	Finalise and agree available core and escalation beds across FHFT	02.10.20 09.10.20	DCOO DCOO
		Sign-off escalation and de-escalation plan for winter/covid across FHFT Agree comunications plan for ward moves/changes	02.10.20	DCOO
	i	Open any unused internal acute capacity across all sites	As req	DCOO/Gold
	H	Open agreed stage 1 escalation internally	As req	DCOO/Gold
	Be	Ensure workforce plans in place to enable opening of community escalation beds	05.12.20	HoN/AD Community
	npatient Bed Planning	Open additional communitybed capacity: -10 beds Runfold (Farnham) -18 beds Calthorpe (Fleet)	As req	HoN/AD
	_	Open agreed stage 2 escalation internally - consider cancelling elective procedures Open agreed super-escalation areas at risk	As req As req	COO/DoN/Gold COO/DoN/Gold
		Open agreed super escalation areas acrisic	7.5.104	200/2014/2014
		Review existing FHFT Business Continuity Plans	As req	EPRR
	ä	Link in with Surrey / Thames Valley LRF and LHRPs in relation to current risk assessment	As req	EPRR
	EU B	Awaiting confirmation of latest planning assumptions	As req	EPRR
	<u> </u>	Reactivate established FHFT EU Exit working group made up of representatives from the seven key EU Exit risk areas	As req	COO
		Revise and activate FHFT EU Exit contingency plan as required	As req	coo
		Provide regular sickness absense reporting to management teams	Complete	DDoW
	Workforce	Ensure primary and secondary role coding on healthroster for all relevant clinical staff (for covid redeploment)	Complete	DDoW
		Develop and implement temporary staffing plan to support Phase 3 recovery	16.10.20	DDoW/DDoN
		Ensure that vacancies are recruited to - include performance in regular Senior Management Team meeting	Ongoing	Chiefs/ADs/HoNs
		Bolster FHFT presence on social media and recruitment website	Ongoing	DDoW/Comms
		Create new microsite for new recruits	Complete	DDoW
Urgent and Emergency Care	Think 111	Existing DoS under review for implementation Nov 2020	23.10.20	AD ED
		Additional services in development - to be added to DoS	23.10.20	AD ED
	Fi	Think 111 First multi-media booths in site and functional	30.10.20	AD ED
		Implementation of Adastra It solution	27.11.20	AD ED
		Increase staffing to provide additional ambulance-line cover - business case to be submitted for more ED staffing to support ambulance line		
		handover and safety	27.11.20	AD ED
		Additional medical SDEC capacity to be created for admission avoidance	20.11.20	Chief/AD Medicine
	o o	Dedicated gynae SDEC capacity to be created for admission avoidance	27.11.20	Chief/AD Gynae
	anc	Trial of virtual ward for step-up and step-down of patients	TBC 13.11.20	AD Community DCOO
	Performance	Upgrade of Symphony (FPH) to enable connectivity to Connected Care Amend data on and roll out access to FHFT qlikview portal - with CRS data available	02.10.20	AD ED
	Perf	Embed daily and weekly performance management processes within the ED departments.	09.10.20	Chief/AD ED
	<u> </u>	Implement RCAs for all patients waiting over 9hrs	02.10.20	Chief/AD ED
		Improve escalation process for specialty referral delays	06.10.20 Complete	Chief/AD ED Chief/AD ED
		Improve escalation process for long ED waits Review Frequent Attenders to identify any gaps in services and take action to address through FHFT UEC Board	Ongoing	Chief/AD ED
		Continue engagement with Primary Care regarding patient flow via the Clinical Interface Committee	Ongoing	Chief/AD ED
	Frailty	, , , , , , , , , , , , , , , , , , ,		
		Full frailty service available across FHFT	Complete	Frailty Cons
		Admission avoidance pathways in place for frailty Use of red bags and other initiatives to improve communication	Complete 01/10/2020	Frailty Cons HoNs
		Connected Care available across FHFT - to improve commincation between primary and secondary care. EMIS in FHFT community services, provide access for frailty teams.	November	IT lead
			22.40.20	Chi-f-/AD-
	Discharge	Roll out of internal consultant-led delayed discharge reviews Regular review at Directorate level of long-stay patients	23.10.20 16.10.20	Chiefs/ADs Chiefs/ADs
		Check & Challenge of patients over 21 days	Complete	Head of Site/DMD
		Promote pre 11am/pre-12pm discharges to help morning flow	Ongoing	Head of Site/HoNs
		Review discharge lounge capacity and appropriateness of space	Ongoing	DCOO
		Improve discharge to care homes – use POC testing to accelerate discharge. Embed trusted assessor to reduce burden on care home attending/calling FHFT.	Ongoing 21.12.20	Head of Site Head of D/C Team
Hospital Based Care		Embed dusted assessor to reduce builden on care nome attending/cannig Firm.	21.12.20	ricad of b/c realif
		Re-launch Alamac SAFER principles from 19/20 Winter.	06.11.20	Head of Site
		Ensure that accurate LOS data is available at Directorate and ward level	06.11.20 08.10.20	DCOO DCOO
	S	Build LOS review into the bi-weekly performance review. Implement escalation meetings to ensure health & social care follow discharge guidance and D2A process	08.10.20 Complete	Head of Site
	SOI	RCA to be complete for all 100+ day LOS	06.11.20	Chiefs/ADs
		Internal processes in place to accurate monitor MFFD and escalate issues.	In progress	Head of Site
		System escalation calls in place to highlight delays.	Complete	Head of Site
		Weekly exception report reviews in place to look at most complex cases.	In progress	Head of Site
		Escalation plans agreed and submitted to NHSEI	Complete	ToC/Gold
		Open Phase 1 additional ICU capacity in old ED (WPH) x 15	As req	Chief/AD TACC
		Open Phase 2 additional ICU capacity in old ED (WPH) x 10	As req	Chief/AD TACC
	2	Open Phase 3 additional ICU capacity in SADU (FPH) x 5 Open Phase 4 additional ICU capacity in MADU (FPH) x 5	As req As req	Chief/AD TACC Chief/AD TACC
		Ensure robust workforce plan for staffing ICU escalation	09.10.20	Chief/AD TACC
		Ensure adequate ICU kit/beds for escalation	Complete	Chief/AD TACC
		Create clear trigger points for considering cancellation of elective activity	Complete	Chief/AD TACC
		Phase 3 activity plans agreed and implemented	22.40.00	2000
		Phase 3 activity plans agreed and implemented Full use of independent sector, with rebut out strategies where appropriate	23.10.20 Ongoing	DCOO DCOO/ADs
		Full use of independent sector - with robust exit strategies where appropriate Further support with Diagnostics (radiology) required to meet plan - relocatable CT requested from NHSEI.	23.10.20	DCOO/Radiology
	S	Weekly activity performance reviews in place.	Ongoing	COO/DCOO
	Electives	Phase 3 'dashboards' created for monitoring against targets.	Complete	DCOO
	Ele	Create additional virtual 'pods' space Expand day case capacity	02.11.20 30.09.20	DCOO DCOO/AD TACC
		Implement A&G in place where appropriate.	Complete	ADs
		Implement CAS/RAS across clinical areas to prevent inappropriate referrals being accepted.	Complete	ADs
		Ongoing work with ICS colleagues to highlight areas of poor referral practice	Ongoing	Chiefs/ADs
Community	Community	Pathways in place FDC@H and DR support to complete	04.40.00	Condenda
		Pathways in place ERS@H and RR support to complex Integrated In Reach FHFT and VC for FPH	01.10.20 01.10.20	Service Manager Service Manager
		Medical cover to continue	Ongoing	AD AD
		ERS@H therapy capacity in place 7/7	01.10.20	Service Manager
		Therapy input to be integrated across FHFT community wards	02.11.20	Service Manager
		Marian's Constitution of Const		
	Care	Maintain Care Home Forum to ensure good comms between care homes, primary and secondary care	Ongoing 21.12.20	Care Home Matron AD Community
		Implement trusted assessment to relieve pressure on care homes attending Ensure timely covid swabbing prior to D/C to care homes	21.12.20 Ongoing	Head of Site
		and a series and a		
p 0	es & ik	Robust OH flu delivery plan in place - offered to all staff.	09.10.20	ОН
90		Implement online training course available for RGNs to become local vaccinators Eviction FHET Infection Outbreak policy available	Complete	OH & HR
ning	1 1 2 2	Existing FHFT Infection Outbreak policy available	Complete	IP&C
anning	oreak Jeme	Outhreak management to be in line with policy and advice from IPC	As ren	IP&C/HoNe
Planning	Vaccines Outbreak an ageme	Outbreak management to be in line with policy and advice from IPC Depending on covid position - response might be altered.	As req As req	IP&C/HoNs DCOO/DoN
Flu Planning	Flu Vaccines 8 Outbreak Management			